K071379

SEP 11 2007

Pursuant to Section 510(k) of the Federal Food, Drug, and Cosmetic Act and in accordance with subpart E of Part 807 of Title 21 of the Code of Federal Regulations and the Safe Medical Devices Act of 1990.

Section 5 - 510 (k) Summary

NAME OF SPONSOR:	DePuy Orthopaedics, Inc. 700 Orthopaedic Drive Warsaw, Indiana 46581-0988 Establishment Registration Number: 1818910
Manufacturer:	DePuy France S.A. Z I La Vendue BP88 Chaumont
Establishment Registration Number:	52003 France Establishment Registration Number: 9615674
510(K) CONTACT:	Kathy Harris Director, Regulatory Affairs Telephone: (574) 372-7082 Facsimile: (574) 371-4987 Electronic Mail: kharri10@dpyus.jnj.com
DATE PREPARED:	May 15, 2007
PROPRIETARY NAME:	Delta Xtend™ Reverse Shoulder Modular Stem
COMMON NAME:	Shoulder Prosthesis
CLASSIFICATION:	Class II Device per 21 CFR §888.3660: Prosthesis, Shoulder, Semi-Constrained, Metal/Polymer Cemented Class II Device per 21 CFR §888.3690: Prosthesis, Shoulder, Hemi-, Humeral, Metallic Uncemented
DEVICE PRODUCT CODE:	87 KWS 87 HSD
SUBSTANTIALLY EQUIVALENT DEVICE:	Delta Xtend™ Reverse Shoulder System, K062250 DePuy Delta CTA Reverse Shoulder System, K021478 DePuy Global Advantage Shoulder System, K992065

DEVICE DESCRIPTION:

The Delta Xtend™ Reverse Shoulder System is a modular shoulder prosthesis designed for use in patients with non-functional rotator cuffs.

INTENDED USE AND INDICATIONS:

Intended Use:

The Delta Xtend™ Reverse Shoulder prosthesis is intended for use in total or hemi shoulder arthroplasty procedures in patients with non-functional rotator cuffs, with or without bone cement. HA coated components are for cementless use only.

Indications for Use:

Delta Xtend™ Reverse Shoulder prosthesis is indicated for use in a grossly rotator cuff deficient joint with severe arthropathy or a previous failed joint replacement with a grossly rotator cuff deficient joint.

The patient's joint must be anatomically and structurally suited to receive the selected implant(s), and a functional deltoid muscle is necessary to use the device.

In cases of bone defects in the proximal humerus, the monobloc implant should be used and then only in cases where the residual bone permits firm fixation of this implant.

Delta Xtend™ hemi-shoulder replacement is also indicated for hemi-arthroplasty if the glenoid is fractured intraoperatively or for revision of a previously failed Delta Xtend Reverse Shoulder.

The metaglene component is HA coated and is intended for cementless use with the addition of screws for fixation.

The modular humeral stem and epiphysis components are HA coated and intended for cementless use.

All other components are for cemented use only.

BASIS OF SUBSTANTIAL EQUIVALENCE:

The substantial equivalence of the Delta Xtend™ Reverse Shoulder is substantiated by its similarity in intended use, indications for use, materials and design to the DePuy Delta Xtend Reverse Shoulder System (K062250), the DePuy Delta CTA Reverse Shoulder System (K021478), and the DePuy Global Advantage Shoulder System (K992065).

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

DePuy Orthopaedics, Inc.
% Ms. Natalie S. Heck
Manager, Regulatory Affairs
700 Orthopaedic Drive
Warsaw, IN 46581

SEP 1 1 2007

Re: K071379
Trade/Device Name: Delta Xtend™ Reverse Shoulder Modular Stem
Regulation Number: 21 CFR 888.3660
Regulation Name: Shoulder joint metal/polymer semi-constrained cemented prothesis
Regulatory Class: Class II
Product Code: KWS, HSD
Dated: August 15, 2007
Received: August 16, 2007

Dear Ms. Heck:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Center for Devices and Radiological Health's (CDRH's) Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding postmarket surveillance, please contact CDRH's Office of Surveillance and Biometric's (OSB's) Division of Postmarket Surveillance at (240) 276-3474. For questions regarding the reporting of device adverse events (Medical Device Reporting (MDR)), please contact the Division of Surveillance Systems at (240) 276-3464. You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at toll-free number (800) 638-2041 or (240) 276-3150 or the Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,

for

Mark N. Melkerson
Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Section 4 - Indications for Use Statement

510 (k) Number (if known): _____

Device Name: _Delta Xtend™ Reverse Shoulder Modular Stem_____

Indications for Use:

Delta Xtend™ Reverse Shoulder prosthesis is indicated for use in a grossly rotator cuff deficient joint with severe arthropathy or a previous failed joint replacement with a grossly rotator cuff deficient joint.

The patient's joint must be anatomically and structurally suited to receive the selected implant(s), and a functional deltoid muscle is necessary to use the device.

In cases of bone defects in the proximal humerus, the monobloc implant should be used and then only in cases where the residual bone permits firm fixation of this implant.

Delta Xtend™ hemi-shoulder replacement is also indicated for hemi-arthroplasty if the glenoid is fractured intraoperatively or for revision of a previously failed Delta Xtend Reverse Shoulder.

The metaglene component is HA coated and is intended for cementless use with the addition of screws for fixation.

The modular humeral stem and epiphysis components are HA coated and intended for cementless use.

All other components are for cemented use only.

Prescription Use __X____ (Part 21 CFR 801 Subpart D) AND/OR Over-The-Counter Use _____ (21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE OF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Barbara Buechner

(Division Sign-Off)

Division of General, Restorative, and Neurological Devices

510(k) Number K071379